I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER518341128US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

1450, on the date shown below

__ Signature: (Andrea Silverman)

Docket No.: WIBL-P01-575

(PATENT)

MAY 1 0 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re Patent Application of:

Stacey Bolk et al.

Confirmation No. 1826

Application No.: 10/007781

Art Unit: 1634

Filed: November 13, 2001

Examiner: Sitton, J.S.

For: ASSOCIATION OF THROMBOSPONDIN

POLYMORPHISMS WITH VASCULAR

DISEASE

AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)

MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This Amendment is being filed in response to the Office Action mailed from the U.S. Patent and Trademark Office on January 8, 2004 in the above-identified application. The Office Action sets forth a three month period to file a response. Applicants have filed concurrently herewith a Notice of Appeal and a Petition for a one month extension of time. Accordingly, the time to file a response has been extended to May 8, 2004, and this response is being timely filed. Reconsideration and further examination are requested.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

MAY 10 2004 E

Docket No. AMENDMENT TRANSMITTAL LETTER WIBL-P01-575 Filing Date Examiner Art Unit Application No. 1634 10/007781 November 13, 2001 J. S. Sitton Applicant(s): Stacey Bolk et al. Invention: ASSOCIATION OF THROMBOSPONDIN POLYMORPHISMS WITH VASCULAR DISEASE TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Claims Highest Remaining Number Number Extra Claims After Previously Amendment Paid Present Rate **Total Claims** 18 0.00 20 21 0 Х Independent 0 86 0.00 4 5 = X **Claims** Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 x | Large Entity Small Entity x No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. 18-1945 X The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. May 10, 2004 Dated: Gloría Fuentes Attorney Reg. No.: 47,580 **ROPES & GRAY LLP** 45 Rockefeller Plaza New York, New York 10111-0087 (212) 497-3624 I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER518341128US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Signature: (Marea Silverman)